

## PUBLIC PARATRANSIT AGENCY AS A MEDICAID PROVIDER

Pilot Objectives:	The key objectives of this pilot include the following: 1) determine the extent to which Medicaid NEMT and ADA paratransit programs are providing dual eligible trips; 2) determine the cost to local transit authorities for providing these trips; and 3) develop a cost sharing model for grouped NEMT and ADA trips if it is determined there are efficiencies to be gained.
Geographic Area:	King County, replicable in other counties with public transit agencies
Pilot Partners:	King County Metro, Washington State Department of Social and Health Services (DSHS); Hopelink.

---

**BACKGROUND:** Engrossed Substitute House Bill 2072 requests that the Agency Council on Coordinated Transportation (ACCT) appoint a work group which has as its purpose to identify solutions to streamline requirements and increase efficiencies in transportation services provided for persons with special transportation needs. To advance this purpose, the state legislature directed the work group to a) identify and address challenges and barriers to increasing efficiencies, b) explore opportunities to test cost allocation models that allow for cost sharing among public paratransit and Medicaid NEMT trips and c) explore opportunities to test cost allocation models that capture the value of Medicaid trips provided by public transit agencies for which they are not currently reimbursed with a funding match by federal Medicaid dollars. (RCW 47.06B.6.d.i-ii).

**PROBLEM STATEMENT:** This pilot would test whether or not efficiencies for state and local budgets could be found by having transits serve as NEMT subcontractors. Specifically, the pilot intends to explore the possibility of reimbursing transits at a fair, competitive rate based on actual costs rather than the fair box rate charged to ADA eligible clients. The current number of NEMT trips taken on public transit ADA paratransit services is unknown, as is the number of ADA eligible NEMT trips currently being provided by private contractors. It will be necessary to use trip data to get an accurate finding of whether or not there are efficiencies to be found.

### PROPOSAL SUMMARY:

**Step 1 - Dual Eligibility Analysis:** DSHS will analyze trip data and document the total number of dually-eligible trips currently provided that meets the eligibility criteria for the American with Disabilities Act (ADA) paratransit and Medicaid NEMT.

- a. King County Metro will determine the value of Medicaid trips provided by public transit agencies for which they are not currently reimbursed with a funding match by federal Medicaid.
- b. DSHS/Brokers will determine the value of ADA paratransit eligible trips provided on NEMT contracted providers. If DSHS/Brokers are unable to complete this element of the pilot, the project report under Step 5 will be completed without this element and the information will be provided in a second phase.

**Step 2 - Data Sharing:** DSHS and King County Metro will provide one week of trip data from the NEMT program and the ADA paratransit program. To ensure that the data is only used for the purposes of this pilot, both parties agree to the following:

- a. The interests of the state, county, contractors and customers will be considered in the design of the model and the collection of the data

- b. Neither the state nor the county will divert trips to each others programs as a result of increased information about eligibility
- c. Data will be used to develop proposals on cost allocation models to present for federal approval
- d. The state and the county will sign a data sharing agreement to address all HIPAA issues..

**Step 3 - Efficiencies Analysis:**

- a. King County Metro will combine the ADA and NEMT trip data and determine through testing on a secure server the extent to which scheduling NEMT trips onto ADA paratransit vehicles increases the efficiency of the ADA paratransit program.
- b. DSHS/Broker will conduct the same test to determine the extent to which adding ADA paratransit trips to NEMT brokered trips increases the efficiency of the NEMT program. If DSHS is unable to complete this element of the pilot, Steps 4 – 5 will be completed without this element and the information will be provided in a second phase.

Each analysis will identify and document potential barriers to combining trips, including the effect of combining trips on the present efficiencies of the NEMT service

**Step 4 – Cost Sharing Model:** If efficiencies are identified in Step 3, DSHS and King County Metro will develop a proposed costing sharing model.

**Step 5 – Project report:** Submit a report to the Federal Opportunities Workgroup by December 1, 2010 that outlines the status of the project as it relates to a) identifying solutions to streamlining the requirements identified as barriers, b) submitting a cost allocation model for federal approval, and c) exploring a fair and equitable cost allocation model to present for federal approval. If staffing resources are not available to conduct Part B in Steps 2 and 3, the project report will be submitted without that information and a second phase of the project will be added and the timeline extended.

**ESTIMATED TIMEFRAME:** This pilot will occur September 2010 through -February 2011. A second phase will be added if Step 3 cannot be completed by February 2011.

**PROJECT QUESTIONS:**

- 1) To what extent are NEMT trips being provided on ADA paratransit service that is not reimbursed with a funding match by federal Medicaid dollars?
- 2) What is the present cost to local transit authorities to provide NEMT trips on ADA paratransit service?
- 3) What is the present cost to the state to provide ADA paratransit trips on NEMT contracted providers?
- 4) To what extent are efficiencies gained by scheduling NEMT trips on ADA paratransit vehicles?
- 5) To what extent are efficiencies gained by scheduling ADA paratransit trips on NEMT contracted providers?
- 6) What are the potential barriers to combining trips?